Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				TE SURVEY MPLETED				
		A. BOILDING. VI						
		HAL080026		B. WING		02/0	03/2016	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
THE MEA	THE MEADOWS OF ROCKWELL RETIREMENT  612 HIGHWAY 152 EAST  ROCKWELL, NC 28138							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUI SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
C 000	Initial Comments			C 000				
	This report is of a Biennial Construction Survey done by Bob Getchell and Dennis Harrell on February 3, 2016.							
	This facility was first licensed as a Home for the Aged serving 120 residents on August 9, 1988. Therefore, this facility must meet the 1987 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code (Revision 9) Section 409, Institutional Occupancy, Unrestrained.							
	Deficiencies were r plan of correction.	noted which will require	a new					
C 164	Housekeeping and	Furnishings-Clean, Rep	paired	C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chroni (3) have furniture of	06 HOUSEKEEPING	.,					
	1. Based on obser	et as evidenced by: vation, the resident furn not maintained in clean	ishings					
	of the 100 Hall corr revealed that Room	was detected at the lefidor. Further inspection 118 has badly stained f the odors in the corridor.	ı carpet					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			3) DATE SURVEY COMPLETED	
		7. BOILBING.					
		HAL080026	B. WING		02/0	3/2016	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
THE MEA	ADOWS OF ROCKWE	II RETIREMENT	SHWAY 152 EA VELL, NC 281				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
C 164	Continued From pa	age 1	C 164				
	b) The toilet paper resident bathroom	dispenser is missing in the on the main hall					
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166				
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by:						
	maintained free of of oxygen cylinders	vation, the building was not hazards by improper storage s. This would affect all tially exposing them to hazard inder.	ds				
	The oxygen bottles loose in a box, and	in Room 16 are being stored also in beverage crates that em from tipping over.	1				
C 189	Building Equipment	t Maintained Safe, Operating	C 189				
	mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex	311 OTHER  nd all fire safety, electrical, umbing equipment in an adul maintained in a safe and	t				

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HAL080026     B. WING	02/	03/2016					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
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THE MEADOWS OF ROCKWELL RETIREMENT  612 HIGHWAY 152 EAST  ROCKWELL, NC 28138							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF C PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTI TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE					
C 189 Continued From page 2 C 189							
This Rule is not met as evidenced by:  1. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to suppress a fire.  Findings include:  a. Water could be heard running through the "dry" sprinkler pipe in the attic. Further investigation revealed that water was draining into a bucket inside the sprinkler riser room.  Have the system checked and eliminate any intrusion of water into the dry pipe system in the attic.  2. Based on observation, the building exit signage and emergency illumination were not							
maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency.							
Findings include: Exit signs and emergency lights are not working in the following locations: a) Emergency Light at B Hall Med Storage Room, b) Emergency Light at Activity Room c) Exit sign at Dining Room exit to corridor d) Corridor Exit Sign near room 337							
3. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.  Findings include:							

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION (X3) DATE S COMPLI			
			B. WING			20040
		HAL080026	D. WINO		02/0	3/2016
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE MEA	ADOWS OF ROCKWE	II RETIREMENT	WAY 152 EA LL, NC 281:			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	unprotected penetra other conduits, and loose. b. The attic fire wall unprotected penetra other conduits, c. The attic smoke lunprotected penetra other conduits, d. The attic smoke has a smoke dampethe test switch was e. In the Kitchen Drunprotected ceiling f. In the Kitchen Off been used to cover kitchen. g. In the corridors snear the ceiling have wire above them. h. There are unprotented the Staff Lounge. j. There are unprotented the Staff Lounge. j. There are unprotented shower Room of the Shower Room of the Shower Room of these unprotected conformance with the staff Lounge.	barrier wall over room 311 has ations by a sprinkler pipe and the tape on the wall is coming over room 336 has ations by a sprinkler pipe and barrier wall over room 124 has ations by a sprinkler pipe and barrier wall over room 124 er which failed to close when activated.  The stores room there is an penetration by conduit ice a plastic access panel has a hole in the wall to the some of the modems installed to unprotected penetrations by tected ceiling penetrations in soffice.  The ected ceiling penetrations in accross from the office. The ected ceiling penetrations in accross from the office. The ected ceiling penetrations in the 100 Hall.  The openings are not in the requirement to use a	C 189			
	been tested in acco	fire stop system that has rdance with ASTM E-814.  vation, the facility components doperable by having doors asily and latch.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b> (X3) DAT  CON		TE SURVEY MPLETED					
		HAL080026	B. WING		02/	03/2016			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
THE ME	THE MEADOWS OF ROCKWELL RETIREMENT  612 HIGHWAY 152 EAST  ROCKWELL, NC 28138								
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C 189	a) Bedroom 331 do b) Exit gate betwee drags floor and is h c) Both Kitchen doo wedged open	oor is being held open en C Hall and Dining Room	C 189						

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